

**Preliminary Report on the Duties, Rationale, and Language
by the COMDA Task Force on DA, RDA, and EF Duties**

November 29, 2000

Members:

Patty Morris, Chair, RDA, COMDA Member

William A. Barton, California Association of Orthodontists

Dorothy Cox, California Dental Assistants Association

Bobbi d'Arc, RDA, COMDA Member

Wayne DelCarlo, DDS, COMDA Member

Lori Gagliardi, California Dental Hygienists Association

Rhona Lee, RDHEF, COMDA Member

Julie Mendoza, RDAEF/RDHEF Association

Tammie Miller, California Association of Dental Assisting Teachers

Bonnie Morehead, California Dental Association

Diane Owen, RDA, COMDA Member

Jeanne Porush, California Dental Hygiene Educators Association

Paul Reggiardo, California Society of Pediatric Dentists

Bruce Whitcher, California Association of Oral and Maxillofacial Surgeons

The Task Force on DA, RDA, and EF Duties appointed by COMDA presents this preliminary report to COMDA on the allowable duties of DA's, RDA's, and EF's, as well as supporting rationales and regulatory language.

This report is presented with the understanding the Task Force will continue its research and deliberations with regard to the entire regulatory scheme, which may result in future recommendations affecting those contained in this report.

However, this report is being presented at this time so that COMDA can perhaps include the proposed duties in the RDA occupational analysis it is currently conducting, or to begin holding meetings and/or hearings, or conducting surveys to assure that the entire review of duties delegated to it by the Dental Board of California is completed in as timely a manner as possible.

Rationales for Proposed Changes to Regulation 1085 – DA Duties (11/29/00)

1. Add subsection (b)(4): Operation of intra-oral photography equipment

(3) Operation of intra-oral photography equipment.

This addition would allow DA's to take intra-oral photographs under general supervision, which is not currently under the regulations allowing dental assistants to take radiographs.

This is a basic supportive dental procedure that is non-invasive and would not cause any hazardous conditions to the patient being treated.

2. Delete subsection (c)(8): Remove sutures

~~(8) Remove sutures;~~

This change would remove the duty of removing sutures from the DA category, and place it instead in the RDA category under direct supervision.

Performed improperly, suture removal can cause tissue laceration and other trauma, particularly when sutures have become embedded in tissue.

3. Delete subsection (c)(15): Place and remove rubber dams

~~(15) Place and remove rubber dams;~~

This change would remove the duty of placing and removing rubber dams from the DA category, and place it instead in the RDA category under direct supervision.

Dental auxiliaries should be trained and licensed to perform this procedure because of the potential hazards to patients. Improperly performed, placement and removal of a rubber dam can cause significant tissue trauma, infection, latent harm, and even aspiration of the clamp. Fractured teeth or restorations can also occur during improper placement or removal, and considerable damage can occur if teeth have existing decay. In terms of long-term effects, improper placement can affect the long-term viability of the primary procedure being performed due to contamination of the field being treated.

4. Delete subsection (c) (16): Place, wedge and remove matrices

~~(16) Place, wedge and remove matrices.~~

This change would remove the duty of placing, wedging and removing matrices from the DA category, and place it instead in the RDA category under direct supervision, with a slight change in wording to “place and remove matrices and wedges” for clarity.

Dental auxiliaries should be trained and licensed to perform this procedure because of the potential hazards to patients. Improperly performed, placement and removal of wedges and matrices can cause tissue trauma from (1) improper band or wedge placement, (2) overhangs, and (3) open contacts creating a trap for food. Improper

placement can result in incorrect contour of the restoration, causing open contacts that can trap food and cause decay. An improperly placed and wedged matrix will allow leakage of material into the gingivae and can cause inflammation and infection.

During band removal, aspiration or ingestion of the band or wedge can occur.

5. Combine subsection (c)(4) and (5) for clarity

In order to simplify the regulation, it is recommended that the placement of elastic separators and the removal of orthodontic separators be included in one subsection, with editorial corrections for clarity.

6. Delete subsection (c)(11) as duplicative

It is recommended that “(c)(11) Check for loose bands” be deleted, since this has been superceded by a more recent regulatory change which allows DA’s to “(b)(3) Examine orthodontic appliances”.

7. Combine subsection (c)(12) and (13) for clarity

In order to simplify the regulation, it is recommended that the removal of arch wires and the removal of ligature ties be combined into one subsection.

DA Duties – Existing and Proposed

(Note: **Bold underline and strikeout indicate Task Force recommendations adopted through November 29, 2000 .)**

1085. Dental Assistant Duties and Settings.

(a) Unless specifically so provided by regulation, a dental assistant may not perform the following functions or any other activity which represents the practice of dentistry or requires the knowledge, skill and training of a licensed dentist:

- (1) Diagnosis and treatment planning;
- (2) Surgical or cutting procedures on hard or soft tissue;
- (3) Fitting and adjusting of correctional and prosthodontic appliances;
- (4) Prescription of medicines;
- (5) Placement, condensation, carving or removal of permanent restorations, including final cementation procedures;
- (6) Irrigation and medication of canals, try--in cones, reaming, filing or filling of root canals;
- (7) Taking of impressions for prosthodontic appliances, bridges or any other structures which may be worn in the mouth;
- (8) Administration of injectable and/or general anesthesia;
- (9) Oral prophylaxis procedures.

(b) A dental assistant may perform such basic supportive dental procedures as the following under the general supervision of a licensed dentist:

- (1) Extra--oral duties or functions specified by the supervising dentist;
- (2) Operation of dental radiographic equipment for the purpose of oral radiography if the dental assistant has complied with the requirements of section 1656 of the Code;
- (3) Examine orthodontic appliances;
- (4) Operation of intra-oral photography equipment.**

(c) A dental assistant may perform such basic supportive dental procedures as the following under the direct supervision of a licensed dentist when done so pursuant to the order, control and full professional responsibility of the supervising dentist. Such procedures shall be checked and approved by the supervising dentist prior to dismissal of the patient from the office of said dentist.

- (1) Take impressions for diagnostic and opposing models, bleaching trays, temporary crowns and bridges, and sports guards;
- (2) Apply non--aerosol and non--caustic topical agents;
- (3) Remove post--extraction and periodontal dressings;
- (4) Placement of elastic orthodontic separators **and remove all orthodontic separators;**
- ~~(5) Remove orthodontic separators;~~
- (5) (6)** Assist in the administration of nitrous oxide analgesia or sedation; however, a dental assistant shall not start the administration of the gases and shall not adjust the flow of the gases unless instructed to do so by the dentist who shall be present at the patient's chairside at the implementation of these instructions. This regulation shall not be construed to prevent any person from taking appropriate action in the event of a medical emergency.

- (6) (7)** Hold anterior matrices;
- ~~(8) Remove sutures;~~
- (7) (9)** Take intra--oral measurements for orthodontic procedures;
- ~~(8) (10)~~ Seat adjusted retainers or headgears, including appropriate instructions;
- ~~(11) Check for loose bands;~~
- (9) (12)** Remove arch wires **and ligature ties;**
- ~~(13) Remove ligature ties;~~
- (10) (14)** Apply topical fluoride, after scaling and polishing by the supervising dentist or a registered dental hygienist;
- ~~(15) Place and remove rubber dams;~~
- ~~(16) Place, wedge and remove matrices.~~
- (11) (17)** Cure restorative or orthodontic materials in operative site with light-curing device.

For the purpose of this section a supervising licensed dentist is defined as a dentist whose patient is receiving the services of a dental assistant in the treatment facility and is under the direct control of said licensed dentist.

Rationales for Proposed Changes to Regulation 1086 – RDA Duties

1. Delete subsection (d)(1): Obtain endodontic cultures

(1) Obtain endodontic cultures;

This change would delete the duty of obtaining endodontic cultures to reflect current practice, since the procedure is no longer performed in dentistry.

2. Amend subsection (d)(5) to add: Removal of excess adhesives from supragingival surfaces with a hand instrument or floss

(5) Remove excess cement or adhesive from supragingival surfaces of teeth with a hand instrument or floss;

Current regulations allow RDA's to remove excess cement from supragingival surfaces with a hand instrument or floss. This change would allow RDA's to also remove excess adhesives from supragingival surfaces with a hand instrument or floss.

This change would reflect the continuing changes in the materials used in current dental practice and would not pose any hazardous conditions to patients.

The procedure would be performed under direct supervision, meaning that it would be based on instructions from the licensed dentist, that the dentist would be in the treatment facility during performance, and that he or she would check and approve the procedure prior to dismissal of the patient from the office.

3. Amend subsection (d)(6): Size, fit, and adjust temporary crowns and orthodontic bands

(6) Size, fit, and adjust ~~stainless steel crowns~~, temporary crowns and orthodontic bands;

Current regulations allow RDA's to size stainless steel crowns, temporary crowns and bands.

This change would amend the language of the regulation to (1) clarify that the term "size" means size, fit and adjust; (2) remove stainless steel crowns, since the intent of the original regulations was for RDA's to size and fit temporary crowns, which is already stated elsewhere in the regulation; and (3) clarify that the bands that RDA's can size, fit, and adjust are orthodontic bands, since it is part of a regulation that is primarily describing restorative procedures rather than orthodontic procedures.

The changes would clarify the language of the existing regulation to reflect the manner in which it is currently interpreted, but not necessarily written, and to make them more clear to dental professionals.

It would also remove the ability of RDA's to size, fit and adjust stainless steel crowns which are meant to be used as permanent restorations, since improper performance of

this procedure could have a long term effect on dental health. It is believed that the existing regulation was written in a time when stainless steel crowns were used solely for temporary restorations, which is no longer true; therefore, this change would reflect changes in current practice.

The procedure would be performed under direct supervision, meaning that it would be based on instructions from the licensed dentist, that the dentist would be in the treatment facility during performance, and that he or she would check and approve the procedure prior to dismissal of the patient from the office.

4. Amend subsection (d)(8) to add: Temporary cementation and removal of orthodontic brackets

(8) Temporary cementation and removal of temporary crowns and removal of orthodontic bands **and brackets**;

Current regulations allow RDA's to temporarily cement and remove temporary crowns and to remove orthodontic bands. This change would allow RDA's to also remove orthodontic brackets. This change would also reflect the continuing changes in the materials used in current dental practice and would not pose any hazardous conditions to patients.

It would be performed under direct supervision, meaning that it would be based on instructions from the licensed dentist, that the dentist would be in the treatment facility during performance, and that he or she would check and approve the procedure prior to dismissal of the patient from the office.

5. Add subsection (d) (): Pre-position orthodontic brackets for approval by the dentist, and cure in the approved bracket position

() Pre-position orthodontic brackets for approval by the dentist, and cure in the approved bracket position;

This addition would allow the RDA's to position orthodontic brackets and to cure the brackets after the approval of their position by the dentist.

This procedure requires a knowledge of tooth morphology and a high level of dexterity. Allowing RDA's to perform these procedures would not pose any hazardous conditions to patients. Any improperly positioned bracket would be corrected by the dentist before the adhesive is cured with the light. Therefore, this procedure is immediately reversible with no effect on the teeth or the patient. This procedure would allow for more efficient safe management of the patient's treatment.

The procedure would be performed under direct supervision, meaning that it would be based on instructions from the licensed dentist, that the dentist would be in the treatment facility during performance, and that he or she would check and approve the procedure prior to dismissal of the patient from the office.

6. Amend subsection (d)(14) to add: Take facebow transfers

(14) Take **facebow transfers and** bite registrations for diagnostic models for case study only;

Current regulations allow RDA's to take bite registrations for diagnostic models for case study only. Taking a facebow transfer would be considered part of the total procedure of bite registration.

The facebow transfer is an adjunct procedure to bite registration which requires basic knowledge of head and neck anatomy, TMD, and occlusion. This procedure would not pose any hazardous conditions to the patients.

It would be performed under direct supervision, meaning that it would be based on instructions from the licensed dentist, that the dentist would be in the treatment facility during performance, and that he or she would check and approve the procedure prior to dismissal of the patient from the office.

7. Add subsection (d)(): Etch enamel for bonding

() Etch enamel for bonding

Current regulations allow RDAEF's and RDHEF's to prepare enamel, by etching, for bonding. This addition would move that duty from the RDAEF and RDHEF category, to the RDA category, under direct supervision, with slight grammar changes for clarity.

It would be performed under direct supervision, meaning that it would be based on instructions from the licensed dentist, that the dentist would be in the treatment facility during performance, and that he or she would check and approve the procedure prior to dismissal of the patient from the office.

8. Add subsection (d)(): Take impressions for space maintaining appliances, orthodontic appliances and occlusal guards

() Take impressions for space maintaining appliances, orthodontic appliances and occlusal guards;

Current regulations allow RDAEF's and RDHEF's to take impressions for space maintaining appliances, orthodontic appliances and occlusal guards. Current regulations also allow DA's to take impressions for diagnostic and opposing models, bleaching trays, temporary crowns and bridges, and sports guards. Current regulations also allow RDA's to take bite registration for diagnostic models for case study only.

This addition would move the duties of taking impressions for space maintaining appliances, orthodontic appliances and occlusal guards from the RDAEF and RDHEF category, to the RDA category, under direct supervision.

They would be performed under direct supervision, meaning that it would be based on instructions from the licensed dentist, that the dentist would be in the treatment facility

during performance, and that he or she would check and approve the procedure prior to dismissal of the patient from the office.

9. Add subsection (d)(): Remove sutures

() Remove sutures:

This change would remove the duty of removing sutures from the DA category, and place it instead in the RDA category under direct supervision.

Performed improperly, suture removal can cause tissue laceration and other trauma, particularly when sutures have become embedded in tissue.

The procedure would be performed under direct supervision, meaning that it would be based on instructions from the licensed dentist, that the dentist would be in the treatment facility during performance, and that he or she would check and approve the procedure prior to dismissal of the patient from the office.

10. Add subsection (d)(): Place and remove rubber dams

() Place and remove rubber dams:

This change would remove the duty of placing and removing rubber dams from the DA category, and place it instead in the RDA category under direct supervision.

Dental auxiliaries should be trained and licensed to perform this procedure because of the potential hazards to patients. Improperly performed, placement and removal of a rubber dam can cause significant tissue trauma, infection, latent harm, and even aspiration of the clamp. Fractured teeth or restorations can also occur during improper placement or removal, and considerable damage can occur if teeth have existing decay. In terms of long-term effects, improper placement can affect the long-term viability of the primary procedure being performed due to contamination of the field being treated.

The procedure would be performed under direct supervision, meaning that it would be based on instructions from the licensed dentist, that the dentist would be in the treatment facility during performance, and that he or she would check and approve the procedure prior to dismissal of the patient from the office.

11. Add subsection (d)(): Place and remove matrices and wedges.

() Place and remove matrices and wedges.

This change would remove the duty of placing, wedging and removing matrices from the DA category, and place it instead in the RDA category under direct supervision, with a slight change in wording to “place and remove matrices and wedges” for clarity.

Dental auxiliaries should be trained and licensed to perform this procedure because of the potential hazards to patients. Improperly performed, placement and removal of wedges and matrices can cause tissue trauma from (1) improper band or wedge placement, (2) overhangs, and (3) open contacts creating a trap for food. Improper

placement can result in incorrect contour of the restoration, causing open contacts that can trap food and cause decay. An improperly placed and wedged matrix will allow leakage of material into the gingivae and can cause inflammation and infection.

During band removal, aspiration or ingestion of the band or wedge can occur.

The procedure would be performed under direct supervision, meaning that it would be based on instructions from the licensed dentist, that the dentist would be in the treatment facility during performance, and that he or she would check and approve the procedure prior to dismissal of the patient from the office.

12. Add subsection (d)(): Apply pit and fissure sealants.

() Apply pit and fissure sealants. (Evidence of satisfactory completion of a board-approved course of instruction or equivalent instruction in an approved RDA program in this function must be submitted to the board prior to any performance thereof.)

Current regulations allow RDAEF's and RDH's to apply caries-preventive pit and fissure sealants. This addition would move that duty from the RDAEF category to the RDA category, under direct supervision, with an additional requirement that the RDA satisfactorily complete a Board-approved course prior to the performance of the procedure.

Dental assistants are allowed to place sealants in 25 other states, and allowing RDA's to also do so would significantly benefit children's dental health in California.

The procedure would be performed under direct supervision, meaning that it would be based on instructions from the licensed dentist, that the dentist would be in the treatment facility during performance, and that he or she would check and approve the procedure prior to dismissal of the patient from the office.

RDA Duties – Existing and Proposed

(Note: **Bold underline and strikeout indicate Task Force recommendations adopted through November 29, 2000.**)

1086. RDA Duties and Settings.

(a) Unless specifically so provided by regulation, the prohibitions contained in section 1085 of these regulations apply to registered dental assistants.

(b) A registered dental assistant may perform all functions which may be performed by a dental assistant.

(c) Under general supervision, a registered dental assistant may perform the following duties:

(1) Mouth-mirror inspection of the oral cavity, to include charting of obvious lesions, existing restorations and missing teeth;

(2) Placement and removal of temporary sedative dressings.

(d) A registered dental assistant may perform the following procedures under the direct supervision of a licensed dentist when done so pursuant to the order, control and full professional responsibility of the supervising dentist. Such procedures shall be checked and approved by the supervising dentist prior to dismissal of the patient from the office of said dentist.

(1) Obtain endodontic cultures;

(2) Dry canals, previously opened by the supervising dentist, with absorbent points;

(3) Test pulp vitality;

(4) Place bases and liners on sound dentin;

(5) Remove excess cement **or adhesive** from supragingival surfaces of teeth with a hand instrument or floss;

(6) Size, **fit, and adjust stainless steel crowns,** temporary crowns and **orthodontic** bands;

(7) Fabrication of temporary crowns intra-orally;

(8) Temporary cementation and removal of temporary crowns and removal of orthodontic bands **and brackets;**

(9) Placement of orthodontic separators;

(10) Placement and ligation of arch wires;

() Pre-position orthodontic brackets for approval by the dentist, and cure in the approved bracket position;

(11) Placement of post-extraction and periodontal dressings;

(12) Apply bleaching agents;

(13) Activate bleaching agents with non-laser light-curing device;

(14) Take **facebow transfers and** bite registrations for diagnostic models for case study only;

() Etch enamel for bonding;

() Take impressions for space maintaining appliances, orthodontic appliances and occlusal guards;

() Remove sutures;

() Place and remove rubber dams;

() Place and remove matrices and wedges.

(15) Coronal polishing (Evidence of satisfactory completion of a board-approved course of instruction in this function must be submitted to the board prior to any performance thereof). The processing times for coronal polishing course approval are set forth in section 1069.

This procedure shall not be intended or interpreted as a complete oral prophylaxis (a procedure which can be performed only by a licensed dentist or registered dental hygienist). A licensed dentist or registered dental hygienist shall determine that the teeth to be polished are free of calculus or other extraneous material prior to coronal polishing.

(16) Removal of excess cement from coronal surfaces of teeth under orthodontic treatment by means of an ultrasonic scaler. (Evidence of satisfactory completion of a board-approved course of instruction or equivalent instruction in an approved RDA program in this function must be submitted to the board prior to any performance thereof.) The processing times for ultrasonic scaler course approval are set forth in section 1069.

() Apply pit and fissure sealants. (Evidence of satisfactory completion of a board-approved course of instruction or equivalent instruction in an approved RDA program in this function must be submitted to the board prior to any performance thereof.)

(e) Settings. Registered dental assistants may undertake the duties authorized by this section in a treatment facility under the jurisdiction and control of the supervising licensed dentist, or in an equivalent facility approved by the board.

Rationales for Proposed Changes to Regulations 1087 and 1089 – EF Duties

1. Amend subsections (c)(2) to add: Take impressions for removable prosthesis

(2) Take impressions for cast restorations and removable prosthesis;

Current regulations allow RDAEF's and RDHEF's to take impressions for cast restorations. These additions would allow RDAEF's and RDHEF's to also take impressions for removable prosthesis.

The procedure would not pose any hazardous conditions to patients if performed by a trained, licensed RDAEF or RDHEF. It would be performed under direct supervision, meaning that it would be based on instructions from the licensed dentist, that the dentist would be in the treatment facility during performance, and that he or she would check and approve the procedure prior to dismissal of the patient from the office.

2. Add subsections (c)(): Take facebow transfers and bite registrations for prosthodontic appliances

() Take facebow transfers and bite registrations for prosthodontic appliances:

Current regulations allow RDA's to take bite registrations for diagnostic models for case study only, and a recommended change would allow RDA's to take facebow transfers for diagnostic models for case study only.

These changes would allow RDAEF's and RDHEF's to take facebow transfers and bite registrations for prosthodontic appliances.

The taking of a facebow transfer is primarily an extra-oral duty, which is non-invasive, and articulation for prosthodontic appliances requires a more accurate bite registration. The taking of a bite registration is a natural extension of the taking of impressions that RDAEF's and RDHEF's are currently allowed to perform.

These procedures would not pose any hazardous conditions to patients if performed by an educated, licensed RDAEF or RDHEF. They would be performed under direct supervision, meaning that it would be based on instructions from the licensed dentist, that the dentist would be in the treatment facility during performance, and that he or she would check and approve the procedure prior to dismissal of the patient from the office.

3. Delete subsections (c)(3): Take impressions for space maintainers, orthodontic appliances and occlusal guards.

~~(3) Take impressions for space maintainers, orthodontic appliances and occlusal guards.~~

Current regulations allow RDAEF's and RDHEF's to take impressions for space maintainers, orthodontic appliances and occlusal guards. Current regulations also allow DA's to take impressions for diagnostic and opposing models, bleaching trays, temporary

crowns and bridges, and sports guards. Current regulations also allow RDA's to take bite registration for diagnostic models for case study only.

These changes would move the duties of taking impressions for space maintainers, orthodontic appliances and occlusal guards from the RDAEF and RDHEF categories, to the RDA category, under direct supervision.

4. Delete subsections (c)(4): Prepare enamel by etching for bonding

~~(4) Prepare enamel by etching for bonding;~~

Current regulations allow RDAEF's and RDHEF's to prepare enamel, by etching, for bonding. These changes would move that duty from the RDAEF and RDHEF categories, to the RDA category, under direct supervision, with slight grammar changes for clarity.

5. Add subsections (c)(): Chemically irrigate endodontic canals prior to drying

() Chemically irrigate endodontic canals prior to drying

Current regulations allow RDA's to dry canals, previously opened by the supervising dentist, with absorbent points. Current regulations also allow RDAEF's and RDHEF's to formulate indirect patterns for endodontic post and core castings, and to fit trial endodontic filling points.

This addition would allow RDAEF's and RDHEF's to chemically irrigate endodontic canals prior to drying.

It would be performed under direct supervision, meaning that it would be based on instructions from the licensed dentist, that the dentist would be in the treatment facility during performance, and that he or she would check and approve the procedure prior to dismissal of the patient from the office.

6. Amend subsection (c)(9): Etch and/or chemically prepare enamel and dentin for placement of final restorative material

(9) ~~Apply etchant for bonding restorative materials~~ Etch and/or chemically prepare enamel and dentin for placement of final restorative material

Current regulations allow RDAEF's and RDHEF's to apply etchant for bonding restorative materials.

These changes would allow RDAEF's and RDHEF's to otherwise chemically prepare enamel and dentin (such as with adhesives), which reflects continuing changes in dental materials to keep the regulations current with the practice of dentistry. The addition of the words "enamel and dentin" is to provide further clarity in the regulation for the dental community.

The procedure would be performed under direct supervision, meaning that it would be based on instructions from the licensed dentist, that the dentist would be in the treatment facility during performance, and that he or she would check and approve the procedure prior to dismissal of the patient from the office.

7. Add subsections (c)(): Size, fit, and adjust stainless steel crowns for permanent cementation by the dentist

() Size, fit, and adjust stainless steel crowns for permanent cementation by the dentist:

Current regulations allow RDA's to size stainless steel crowns, temporary crowns and bands.

A concurrent proposal would remove the term "stainless steel crown" from the duties that RDA's can perform, since the intent of the original regulations was for RDA's to size and fit only temporary crowns. It is believed that the existing regulation was written in a time when stainless steel crowns were used solely for temporary restorations, which is no longer true; therefore, this change would reflect changes in current practice.

However, a properly trained and licensed RDAEF or RDHEF could size, fit and adjust stainless steel crowns which are to be used as permanent restorations with no adverse effects, and may increase access to care to under-served populations.

The procedure would be performed under direct supervision, meaning that it would be based on instructions from the licensed dentist, that the dentist would be in the treatment facility during performance, and that he or she would check and approve the procedure prior to dismissal of the patient from the office.

8. Add subsections (c)(): Place, condense, and carve and/or polish amalgam restorations

() Place, condense, carve and/or polish amalgam restorations (Evidence of satisfactory completion of a board-approved course of instruction in this function must be submitted to the board prior to any performance thereof.):

This addition would allow RDAEF's and RDHEF's to place, condense, and carve amalgam restorations (RDHEF's can already polish restorations) only after completion of a Board-approved course in these duties, which would be in addition to the education required to obtain an EF license.

This recommendation is based on the following:

- < numerous studies conducted over several decades have shown that trained auxiliaries can perform this duty competently and efficiently, and its performance by auxiliaries is allowed in many other states

- < amalgam suppliers indicate that their sales are stable¹, indicating the continued use of this procedure in California
- < a very large sampling of both EF's and their employer-dentists believe that EF's can perform the procedure safely under direct supervision if properly trained, that it would be performed very frequently (daily), and that it should be added to the list of allowable EF duties.

In the 1960's and 1970's, several pilot programs involving the advanced utilization of auxiliaries demonstrated that with proper training and education, auxiliaries could perform this task competently.

In California, during a ten year period in the 1970's, selected dental assistants and dental hygienists were hired to work with senior dental students at USC dental school. These individuals were hired to provide specific direct patient restorative procedures normally delegated to the dentist. Upon completion of the lecture and laboratory training, these dental assistants performed clinically on patients in conjunction with the dental students.

The placement, condensation, carving and finishing of an amalgam restoration and the placement and finishing of a composite restoration were two procedures performed regularly in the program. These procedures, after being performed by dental assistants, were compared to the same procedures performed by fourth year dental students.

In all instances, the performance of dental assistants was equal, if not better than, that performed by the dental student. No cavity classifications, normally performed by dentists at this time, were exempted from application in this program. In addition to USC's program, there were numerous similar programs offered in dental schools in California and throughout the United States. The results in all cases concurred with the findings found at USC.

At the time of the creation of the EF categories in the 1970's, the statutorily-created Advisory Committee on Utilization and Education of Dental Auxiliaries, and the Committee on Dental Auxiliaries, both recommended that the list of allowable duties for EF's include placing, condensing, carving, and removal of restorations. The Board of Dental Examiners at that time rejected those recommendations, and instead adopted a regulation (currently 1085(a)) specifically prohibiting auxiliaries from performing such duties.

In November, 1978, the California Department of Consumer Affairs issued "An Interim Staff Report on Career Mobility in the Dental Professions", finding that the critical restorative functions of placing, carving, and finishing of restorations "have been safely delegated to and performed by an appropriately trained auxiliary"² as indicated by a

¹ J.B. Dental Supply Company, Sales Figures dated 9-11-98.

² An Interim Staff Report on Career Mobility in the Dental Professions, Project Iatrogenesis, California Department of Consumer Affairs, November, 1978, p. 77

series of studies, such as those done by the Indian Health Service, University of Alabama, Philadelphia Department of Health, U.S. Navy Training Center, Army Dental Corps, UOP School of Dentistry, and California experimental health manpower projects.

The Staff Report concluded that the "results of these experimental programs and others which utilized dental auxiliaries to place and finish restorative materials in prepared cavities indicate that, not only can trained dental auxiliaries learn these procedures in a relatively short period of time (from 3-12 months), but that productivity of the entire dental team can be significantly increased."

A 1980 Report to the U.S. Congress by the Comptroller General concluded: "Extensive research and experience show that employing expanded function dental auxiliaries under dentists' supervision to complete restorations (fill teeth)... is one way of increasing the efficiency of the Nation's dental care delivery system and providing needed services to more people at less cost."³

According to an ADA survey, approximately 14 states allow dental assistants to place amalgam restorations, 5 states allow assistants to condense, and 4 states allow assistants to carve amalgam restorations. In addition, auxiliaries, despite the composite resin material's relative newness in terms of delegation, legally perform placement of composite resin restorations in at least three other states.

The recent 1998 survey of specific duties showed that 95% of EF's and 87% of dentists responding felt that EF's could condense and carve amalgams safely under the direct supervision of a dentist, and that it should be included as a new duty.

About 77% of EF's reported that they would perform the duty daily, and about 71% of dentists reported the same. This would be a much more frequently-performed duty than the currently legal duty of taking impressions for orthodontic procedures, which only 51% of EF's, and 55% of dentists, reported would be performed daily.

This was the most frequently recommended duty by both EF's and dentists of all new duties recommended in the 1997 Occupational Analysis surveys.

Based on a pilot study conducted in April, 1999, at two California dental schools, RDAEF's are able to place, condense and carve amalgam restorations and place and cure composite restorations at a level comparable to competent third year dental students after attending an intensive course given by a Restorative faculty member. Other results of these experimental programs and others which utilize dental auxiliaries to perform these procedures under dentists' supervision include:

- a. Procedure can be learned in a relatively short period of time.
- b. Productivity of the dental team can be significantly increased.
- c. Provides a method to increase the efficiency of the dental care delivery system and provided needed services to more people at less cost.

³Report to the Congress of the United States, "Increased Use of Expanded Function Dental Auxiliaries Would Benefit Consumers, Dentists, and Taxpayers", Comptroller General, March 7, 1980

- d. These procedures can be delegated in a practice geared to providing care for the under-serve patient population.
- e. Through a properly trained EF, a potentially higher standard of care may be delivered without increasing practice overhead.

The procedure would be performed under direct supervision, meaning that it would be based on instructions from the licensed dentist, that the dentist would be in the treatment facility during performance, and that he or she would check and approve the procedure prior to dismissal of the patient from the office.

9. Add subsections (c)(): Polish amalgam restorations

() Polish amalgam restorations (Evidence of satisfactory completion of a board-approved course of instruction in this function must be submitted to the board prior to any performance thereof.);

This addition would allow RDAEF's to polish amalgam restorations only after completion of a Board-approved course in these duties, which would be in addition to the education required to obtain an EF license.

This recommendation is based on the following:

- < numerous studies conducted over several decades have shown that trained auxiliaries can perform this duty competently and efficiently, and it is legally performed in at least three other states by auxiliaries, despite the material's relative newness in terms of delegation to auxiliaries
- < a very large sampling of both EF's and their employer-dentists believe that EF's can perform the procedure safely under direct supervision if properly trained, that it would be performed very frequently (daily), and that it should be added to the list of allowable EF duties.

Placement of any composite material simply involves the transfer of a tooth colored, putty-like material from a mixing pad to enamel or dentin with the use of a spatula-like instrument. Placement of a composite restoration is to be differentiated from the finishing of a composite, for which a handpiece is required. The recommended addition of this duty does not include the finishing of a composite.

The prior portion of this report concerning the placement of amalgams should be referred to with regard to studies done in the past with regard to the placement of restorations by auxiliaries, which included both amalgams and composites.

The recent 1998 survey of specific duties showed that 87% of EF's and 76% of dentists responding felt that EF's could place composites safely under the direct supervision of a dentist, and that it should be included as a new duty.

About 83% of EF's reported that they would perform the duty daily, and about 81% of dentists reported the same. As with placing and carving amalgams, this would be a

much more frequently-performed duty than the currently legal duty of taking impressions for orthodontic procedures.

This was the second most frequently recommended new duty by both EF's and dentists of all new duties recommended in the 1997 Occupational Analysis surveys.

10. Add subsections (c)(): Place and cure composite restorations, prior to final finishing by the dentist

() Place and cure composite restorations, prior to final finishing by the dentist (Evidence of satisfactory completion of a board-approved course of instruction in this function must be submitted to the board prior to any performance thereof.)

This addition would allow RDAEF's and RDHEF's to place and cure composite restorations, prior to final finishing by the dentist, only after completion of a Board-approved course in these duties, which would be in addition to the education required to obtain an EF license.

Prior studies have shown that properly trained auxiliaries can safely and effectively perform this duty, and surveys performed in the recent past indicate that an overwhelming proportion of EF's and their employers favor adding this as an EF duty.

The decision of the class (I, II, III, IV, V, and VI) of composite restoration to be delegated to the EF would be dictated by the practitioner based on the anticipated level of complexity of the restoration.

In developing guidelines for the types of composite restorations to be included in EF's duties, the restriction to a certain classification of restoration could be problematic. Training EF's in all areas of composite placement would facilitate a better understanding of the care needed in manipulating the material. By setting the standard for obtaining competency in composite restorations at the highest and most complicated level, EF's would be better equipped to handle more routine restorative situations.

Regardless if the classification delegated, the licensed dentist would be responsible for the final contouring, finishing and polishing of the restoration. As with all EF duties, the dentist would have ultimate control of and responsibility for the final restoration.

The procedure would be performed under direct supervision, meaning that it would be based on instructions from the licensed dentist, that the dentist would be in the treatment facility during performance, and that he or she would check and approve the procedure prior to dismissal of the patient from the office.

RDAEF Duties – Existing and Proposed

(Note: Bold underline and strikethrough indicate Task Force recommendations adopted through November 29, 2000.)

1087. RDAEF Duties and Settings.

(a) Unless specifically so provided by regulation, the prohibitions contained in Section 1085 apply to RDAEFs.

(b) An RDAEF may perform all duties assigned to dental assistants and registered dental assistants.

(c) An RDAEF may perform the procedures set forth below under the direct supervision of a licensed dentist when done so pursuant to the order, control and full professional responsibility of the supervising dentist. Such procedures shall be checked and approved by the supervising dentist prior to dismissal of the patient from the office of said dentist.

(1) Cord retraction of gingivae for impression procedures;

(2) Take impressions for cast restorations **and removable prosthesis;**

() Take facebow transfers and bite registrations for permanent prosthesis;

~~(3) Take impressions for space maintainers, orthodontic appliances and occlusal guards.~~

~~(4) Prepare enamel by etching for bonding;~~

(5) Formulate indirect patterns for endodontic post and core castings;

() Chemically irrigate endodontic canals prior to drying;

(6) Fit trial endodontic filling points;

(7) Apply pit and fissure sealants.

(8) Remove excess cement from subgingival tooth surfaces with a hand instrument;

(9) Apply etchant for bonding restorative materials Etch and/or chemically prepare enamel and dentin for placement of final restorative material;

() Size, fit, and adjust stainless steel crowns for permanent cementation by the dentist;

() Place, condense, and carve amalgam restorations (Evidence of satisfactory completion of a board-approved course of instruction in this function must be submitted to the board prior to any performance thereof.);

() Polish amalgam restorations (Evidence of satisfactory completion of a board-approved course of instruction in this function must be submitted to the board prior to any performance thereof.);

() Place and cure composite restorations, prior to final finishing by the dentist (Evidence of satisfactory completion of a board-approved course of instruction in this function must be submitted to the board prior to any performance thereof.).

(d) Settings. Registered dental assistants in extended functions may undertake the duties authorized by this section in a treatment facility under the jurisdiction and control of the supervising licensed dentist, or in an equivalent facility approved by the board.

Note Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614, 1756 and 1757, Business and Professions Code.

RDHEF Duties – Existing and Proposed

(Note: Bold underline and strikeout indicate Task Force recommendations adopted through November 29, 2000.)

1089. RDHEF Duties and Settings.

(a) Unless specifically provided by regulation, the prohibitions contained in Section 1085(a) (1) through (8) shall apply to RDHEFs.

(b) A RDHEF may perform all duties assigned to dental assistants, registered dental assistants and registered dental hygienists.

(c) A RDHEF may perform the procedures set forth below under the direct supervision of a licensed dentist when done so pursuant to the order, control and full professional responsibility of the supervising dentist. Such procedures shall be checked and approved by the supervising dentist prior to dismissal of the patient from the office of said dentist.

(1) Cord retraction of gingivae for impression procedures;

(2) Take impressions for cast restorations **and removable prosthesis;**

() Take facebow transfers and bite registrations for permanent prosthesis;

~~(3) Take impressions for space maintainers, orthodontic appliances and guards;~~

~~(4) Prepare enamel by etching for bonding;~~

(5) Formulate indirect patterns for endodontic post and core castings;

() Chemically irrigate endodontic canals prior to drying;

(6) Fit trial endodontic filling points;

(7) ~~Apply etchant for bonding restorative materials~~ Etch and/or chemically prepare enamel and dentin for placement of final restorative material;

() Size, fit, and adjust stainless steel crowns for permanent cementation by the dentist;

() Place, condense, and carve amalgam restorations (Evidence of satisfactory completion of a board-approved course of instruction in this function must be submitted to the board prior to any performance thereof.);

() Place and cure composite restorations, prior to final finishing by the dentist (Evidence of satisfactory completion of a board-approved course of instruction in this function must be submitted to the board prior to any performance thereof.).

(d) Settings. Registered dental hygienists in extended functions may undertake the duties authorized by this section in a treatment facility under the jurisdiction and control of the supervising dentist, or an equivalent facility approved by the board.